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## Discovering Attitudes and Beliefs in Healthcare: An Interview with RAND's Katherine Harris



*Dr. Katherine Harris is a Senior Economist at RAND Corporation and a noted expert in health policy, including consumer behavior, mental health, and primary and preventive health care. She is the lead investigator on an important initiative, conducted with the funding and support of GlaxoSmithKline (GSK), which measures seasonal influenza vaccine uptake. The data for this ongoing effort comes from two surveys conducted in the Fall and Spring of each year, completed by members of KnowledgePanel<sup>®</sup>. To learn more, A:I/R interviewed Dr. Harris in early February 2010.*

### *Could you please describe your work on the seasonal influenza vaccine?*

Our original project, funded by GlaxoSmithKline, came after the 2007–2008 influenza season; it was an attempt to demonstrate that you could get timely, accurate, and detailed estimates of influenza vaccine uptake to the public health community, in time to inform planning of the next season.

CDC has two large multipurpose household surveys that collect information about influenza vaccine on an ongoing basis – the National Health Interview Survey and Behavioral Risk Factor Surveillance Survey. They release estimates in late June, then again in September – too late in the planning process to affect the management of the upcoming influenza vaccination season. RAND's GSK effort was “proof of concept” to encourage the federal government to use their data and resources more effectively. CDC's large surveys also don't include detailed questions about attitudes, beliefs, and experiences of being vaccinated that you need to understand the dynamics of vaccine demand. GSK's surveys address this.

In 2009, the U.S. government ordered millions of doses of H1N1 vaccine, so manufacturers hurried the seasonal influenza vaccine off the production lines. Then the public was encouraged to get the seasonal vaccine early, and the nation ran out of it. All of this brought attention to the fact that there wasn't a timely, detailed source of information on the uptake of seasonal influenza vaccine.

### *Was there a particular reason you were interested in conducting a Web-based survey?*

Originally, GSK thought of this project as one that could get a quick measure at the end of season of total uptake. But every year, CDC sponsors National Influenza Vaccination Week, so GSK also wanted us to do a snapshot or checkup at mid-season and release data in time for that.

RAND has a big pandemic preparedness portfolio, and when this issue came up, it seemed like Knowledge Networks' panel would be ideal. I'm not sure there is any other methodology that can produce detailed data so quickly for the cost. During the pandemic, CDC is also conducting a weekly telephone survey (N=4,000); but because it's telephone-based, it's very expensive and doesn't include large numbers of healthcare professionals that are of interest to CDC.

*So timing is critical for this effort.*

Yes, for the past two years, we've surveyed KnowledgePanel members in early November. Then we've analyzed the data, had it peer-reviewed, and formatted it into the reports that you easily access from RAND's Web site. So the data was delivered by Knowledge Networks before Thanksgiving and released in early December, when there's still time to re-direct efforts to promote uptake before the flu season starts in earnest in late winter. It's fortuitous to have two years worth of baseline data; we think that's going to be valuable in helping policy makers to prepare for a future pandemic. CDC has decades of baseline data, but it does not include detailed data on attitudes and experiences.

*What do you feel are a few important underpinnings of a robust flu vaccine program in the US?*

In terms of vaccine acceptance, the surveys show how segmented the population is. One surprising finding is that, if a healthcare professional or a doctor were to recommend a flu shot, even those who feel negative would be willing to be vaccinated. This suggests that interactions with healthcare professionals and doctors are key to helping the public see vaccines in a more informed manner.

At the same time, the survey tells us that only half of the people recommended for a vaccine who see the doctor during the fall actually end up getting the flu shot. Physicians and healthcare professionals are extremely influential, but they're missing opportunities to vaccinate people who are recommended specifically for a vaccine.

In a pandemic, things are uncertain and moving quickly. You're behind the curve in trying to catch up with the virus and understand whether the vaccine is effective and then distributed. CDC's communication and the press reports have provided information in a clear, measured tone, but it's still uncertain.

*I understand that your study for GSK has expanded to include healthcare professionals.*

Yes, when we released the first mid-season estimates on behalf of GSK, the press asked a lot of questions about this group. Because our sample from a year ago did not include enough healthcare professionals to separate them out specifically, we oversampled them in the last end-of-season survey, and again mid-season this year. I think that our estimates on uptake for healthcare professionals are the first to be released in a timely manner. CDC collects such data, but the sample is

fairly small, and they put it out around two years after the fact.

*Do you use the same survey instrument for both groups?*

In the work for GlaxoSmithKline, healthcare professionals and the general population of adults get the same questions. There are a lot of patient safety and public health concerns surrounding vaccination of healthcare professionals. They are around sick people, so can contract the virus more easily; they can also transmit it more easily to the sick who could potentially suffer serious complications. But only about half of healthcare professionals were vaccinated last year; this year it's higher, but it's hard to separate it out from the effects of the pandemic.

*Did that finding surprise you?*

It's not surprising that healthcare professionals have had more favorable perceptions of the vaccine. Even so, misinformation about the safety and the effectiveness of vaccines is prevalent among this group. Previous smaller health surveys have shown this, but this is the first time that we've looked at attitudes and perceptions of healthcare professionals on a national basis. Our ability to produce these estimates caused CDC to see if we could survey this group during the pandemic. It's been interesting; this project has had a large impact on policy. For example, the state of New York mandated H1N1 vaccination for healthcare professionals, which was quickly repealed. The data reveal the controversy over these requirements.

*There seems to be a lot of uncertainty around H1N1 vaccine acceptance.*

Doctors were encouraged to vaccinate patients against seasonal influenza early in the season, then many ran out of vaccine and couldn't get more. They weren't sure when H1N1 was going to be distributed, and whether they would be able to stock their offices. Plus, they weren't certain to whom the vaccine would be recommended. Doctors and healthcare providers received calls from people trying to understand the situation, but they weren't in a position to resolve it. That probably helped feed the uncertainty.

*Are there specific communications tactics emerging to help manage the flow of information on flu to the American public?*

The government has been trying everything – including “Mommy blogs” and Twitter – to deliver public health messages about seasonal vaccines, but the messaging hasn't been specific. It doesn't say, “You can get vaccine at your drugstore. It's safe. You don't need a prescription to get it.” It's more, “Influenza vaccine is for you. Go talk to your doctor.” On the flip side, getting to the doctor can be expensive and time consuming, and many doctors are too busy to speak with patients about getting a flu shot.

*Do you feel that there are specific ways in which health research is more distinctly informing policy?*

In the future, I think there will be a lot more research with particular attention to the cost of healthcare, and how we can do things for less. Research has a role to play; there is a lot of inefficiency. Knowledge Networks can help identify the public's acceptance of some of those potential cost-saving measures.